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The human resource challenges in catholic hospitals

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Abstract
When examining health care systems in a global context, many general human resources issues and questions arise. Some of the issues of greatest relevance that will be discussed in further detail include the size, composition and distribution of the health care workforce, workforce training issues, the migration of health workers, and the level of economic development in a particular country and sociodemographic, geographical and cultural factors. The variation of size, distribution and composition within a county's health care workforce is of great concern. For example, the number of health workers available in a country is a key indicator of that country's capacity to provide delivery and interventions. Factors to consider when determining the demand for health services in a particular country include cultural characteristics, sociodemographic characteristics and economic factors. Workforce training is another important issue. It is essential that human resources personnel consider the composition of the health workforce in terms of both skill categories and training levels. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs. A properly trained and competent workforce is essential to any successful health care system. The migration of health care workers is an issue that arises when examining global health care systems. Research suggests that the movement of health care professionals closely follows the migration pattern of all professionals in that the internal movement of the workforce to urban areas is common to all countries. Workforce mobility can create additional imbalances that require better workforce planning, attention to issues of pay and other rewards and improved overall management of the workforce. In addition to salary incentives, developing countries use other strategies such as housing, infrastructure and opportunities for job rotation to recruit and retain health professionals, since many health workers in developing countries are underpaid, poorly motivated and very dissatisfied. The migration of health workers is an important human resources issue that must be carefully measured and monitored.

Keywords: human resource, public health, medical education, capacity

1. Introduction
The health sector in India faces multiple challenges in the geographic distribution of human resources for health. Though about one-third of Indians live in rural areas, the population-to-doctor ratio is much higher in rural than urban areas. Doctors in both the public and private sectors are concentrated in urban areas. While the public sector has made considerable efforts to place doctors (and a variety of other health workers) in rural areas, issues like absenteeism,
―ghost doctors,‖ and dual practice have compromised the effectiveness of this effort.
The distribution of private providers is also worrisome; one study estimates that over 80 percent of the qualified private provider market is concentrated in urban areas (WHO 2007). A related issue is the shortage of female doctors in rural areas (WHO 2007). Other categories of health workers are likely to be similarly mal distributed. The lack of qualified medical professionals in rural areas has resulted in the majority of rural households receiving care from private providers, many of whom have little or no formal qualification to practice medicine (WHO 2007).
One policy response to this situation is to strengthen the public sector presence in rural areas by ensuring that health centers are staffed according to government norms. In conjunction, the government can also look beyond the public sector and examine ways in which qualified private practitioners can be induced to work in rural areas. For either strategy to be successful, the key is to create the right incentive climate to attract health workers to rural postings.
Various salary and non-salary incentives play a part in why health workers typically choose not to serve in rural areas in India. Various studies have shown that salary is an important determinant of employment choice (Serneels *et al*. 2007; Ubach *et al*. 2007; Scott 2001); in the state of Uttar Pradesh, the difference in salary between the initial urban and rural posting for a recent graduate in the public sector is a mere Rs 100.
Non-salary factors are also important (Ubach *et al*. 2007; Scott 2001). These incentives cover a variety of dimensions such as living conditions, education opportunities for employees‟ children, and future career prospects. Clearly, any government policy to encourage health workers to opt for rural service would require offering a package of incentives that covers an array of salary and non-salary incentives.
Further, to account for the recognized shortage of female practitioners and medical specialists in rural areas, the study

purposefully sampled female undergraduate medical students and postgraduate students from the specific streams of medicine, surgery, pediatrics, obstetrics and gynecology, and anesthetists.

The study was conducted in the catholic Hospitals. Because:

1. State have shortages of health workers in rural areas;
2. It represent diversity in geographic location, i.e. catholic Hospitals is in the northern part;
3. Few number of training schools/colleges for health workers in catholic Hospitals.

Availability of adequate number of human resources with suitable skill mix and their appropriate deployment at different levels of health care set-up are essential for providing effective health care services for the population. Since independence, concerted efforts have been made to address the need for human resources for health in India. However, shortage exists in all categories of human resources at different levels. Ensuring the availability of human resources for health in rural areas and building their capacity in public health are daunting tasks. Future challenge include planning for human resource for public health at State/national level, framing of State specific human resource development and training policy, creation of human resource management information system, reorientation of medical and para-medical education and ensuring proper utilization of the trained manpower and standardization of training. It is also important to link human resource development and training policy to the National Rural Health Mission in achieving its goals.

2. Development

Since Independence, India has developed a vast public health infrastructure, which presently includes 144, 988 Sub- centers, 22, 669 Primary Health Centers (PHCs) and 3,910 Community Health Centers (CHCs), providing services to rural population.1 Besides, over 7663 sub-divisional and district hospitals and other specialized hospitals are also functioning in the public sector.2 The private sector plays a prominent role in the delivery of health care. According to NSSO–60th round, the proportion of population utilizing private health facilities for in-patient care is 58.3 percent in rural areas and 61.8 per cent in urban areas and for out-patients the proportions are 78 per cent and 81 per cent in rural and urban areas respectively.

Various key success factors emerge that clearly affect health care practices and human resources management. This paper will reveal how human resources management is essential to any health care system and how it can improve health care models. Challenges in the health care systems in Canada, the United States of America and various developing countries are examined, with suggestions for ways to overcome these problems through the proper implementation of human resources management practices. Comparing and contrasting selected countries allowed a deeper understanding of the practical and crucial role of human resources management in health care.

World HealthReport2000 identifies three principal health system inputs: human resources, physical capital and consumables. It also shows how the financial resources to purchase these inputs are of both a capital investment and a recurrent character. As in other industries, investment decisions in health are critical because they are generally irreversible: they commit large amounts of money to places and activities that are difficult, even impossible, to cancel, close or scale down. Human resources, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services.

As well as the balance between the human and physical resources, it is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success. Due to their obvious and important differences, it is imperative that human capital is handled and managed very differently from physical capital. The relationship between human resources and health care is very complex, and it merits further examination and study.

Both the number and cost of health care consumables (drugs, prostheses and disposable equipment) are rising astronomically, which in turn can drastically increase the costs of health care. In publicly-funded systems, expenditures in this area can affect the ability to hire and sustain effective practitioners. In both government-funded and employer-paid systems, HRM practices must be developed in order to find the appropriate balance of workforce supply and the ability of those practitioners to practice effectively and efficiently. A practitioner without adequate tools is as inefficient as having the tools without the practitioner.

Key questions and issues pertaining to human resources in health care

When examining health care systems in a global context, many general human resources issues and questions arise. Some of the issues of greatest relevance that will be discussed in further detail include the size, composition and distribution of the health care workforce, workforce training issues, the migration of health workers, and the level of economic development in a particular country and sociodemographic, geographical and cultural factors.

The variation of size, distribution and composition within a county's health care workforce is of great concern. For example, the number of health workers available in a country is a key indicator of that country's capacity to provide delivery and interventions. Factors to consider when determining the demand for health services in a particular country include cultural characteristics, sociodemographic characteristics and economic factors. Workforce training is another important issue. It is essential that human resources personnel consider the composition of the health workforce in terms of both skill categories and training levels. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs. A properly trained and competent workforce is essential to any successful health care system.

The migration of health care workers is an issue that arises when examining global health care systems. Research

suggests that the movement of health care professionals closely follows the migration pattern of all professionals in that the internal movement of the workforce to urban areas is common to all countries. Workforce mobility can create additional imbalances that require better workforce planning, attention to issues of pay and other rewards and improved overall management of the workforce. In addition to salary incentives, developing countries use other strategies such as housing, infrastructure and opportunities for job rotation to recruit and retain health professionals, since many health workers in developing countries are underpaid, poorly motivated and very dissatisfied. The migration of health workers is an important human resources issue that must be carefully measured and monitored.

Another issue that arises when examining global health care systems is a country's level of economic development. There is evidence of a significant positive correlation between the level of economic development in a country and its number of human resources for health. Countries with higher gross domestic product (GDP) per capita spend more on health care than countries with lower GDP and they tend to have larger health workforces. This is an important factor to consider when examining and attempting to implement solutions to problems in health care systems in developing countries.

Socio-demographic elements such as age distribution of the population also play a key role in a country's health care system. An ageing population leads to an increase in demand for health services and health personnel. An ageing population within the health care system itself also has important implications: additional training of younger workers will be required to fill the positions of the large number of health care workers that will be retiring.

It is also essential that cultural and geographical factors be considered when examining global health care systems.

Geographical factors such as climate or topography influence the ability to

deliver health services; the cultural and political values of a particular nation can also affect the demand and supply of human resources for health. The above are just some of the many issues that must be addressed when examining global health care and human resources that merit further consideration and study.

Rationale behind study

This study aims to understand the factors that motivate where health workers choose to work. It examines the job attributes that under-training and in-service health workers look for in a job, particularly in a rural job. Transfer policies and promotions (transparent policy, time of service in rural area clearly stated, no political interference in transfers).

Lack of need based training to different categories of staff, absence of a well defined HRD policy, apathetic attitude towards training, inadequate training infrastructure and training skills, absence of pre-service and induction training and duplication of efforts by different agencies without much integration are some of the major challenges for capacity building. Other problems like unwillingness of doctors to serve in rural areas, charisma of post-graduation and private practice, incorrect/ incomplete/inconsistent data and lack of appropriate system for validation of data also pose a challenge for capacity building. Apart from these, many non-training issues like lack of mechanism for follow-up after training, mismatch between training and job profile and lack of system for monitoring performance related to training are also to be given adequate attention for capacity building.

A shortage of all categories of health personnel in the public health system has been well recognized in the country and this needs to be tackled on priority basis.

In order to ensure the availability of health professionals in rural areas on a regular basis, the country still has to train a large number of health professionals to meet the health care needs of the growing population and increasing disease burden. Posting of doctors with adequate incentives, both monetary as well as non-monetary benefits, such as improved infrastructure facilities of health care institutions, suitable accommodation, preferential school admissions for their children, increase in the age of retirement from 60 to 65 years, permission for private practice/pay clinics/evening clinics, posting spouses at same place etc. are certain important issues to be considered.

3. Expected contribution from the study

a. The analysis will be able to help in exploring the areas for improvement.
b. The analysis will be helpful to management in formulating appropriate strategies for development of comprehensive management system in the field of healthcare services
c. Study is expected to focus on human resource issues related to rural areas.
d. Study is expected to enable the public and private health sector to position their human resource effectively.
e. The study is expected to provide some suggestions to management of hospitals that may be helpful to them in designing appropriate HR policies.
f. The study provides the framework by which rural health sector fulfill the requirement of rural area.

4. Review of Literature

Several factors influence people's decisions around health care seeking: these include both individual and household characteristics, community influences and perceived characteristics of the services and providers. Easy access and total cost of the service (including travel cost and loss of wages) contribute significantly towards provider related choices, but equally important are the perceived attributes of providers – their perceived effectiveness, human qualities and interpersonal skills as well the continuity of their relationships with users. The choice of a provider may not be a „once off" decision and people may seek more than one provider for a single episode of illness, either simultaneously or in a sequential manner (Rakodi, 2002; Gautham, 2006) [4, 15, 17].

From 1947, India's five yearly planning processes and recommendations from numerous surveys and reports, Committees and Commissions steered the way for development and gradual expansion of the public health care system, including addressing issues relating to infrastructure, staffing, medical education and training and development of human resources.

A glimpse at the overarching recommendations of various committees and commissions in the area of human resources

reveal the options, lessons and challenges that we need to consider while we chart the way forward. For instance, there is adequate literature available on the need to provide a social orientation to medical education, of re-introducing the shorter licentiate courses to develop a cadre of basic health providers for rural areas and so on. On another note, schemes for using community health workers to act as social animators and bring about changes in people's preventive health and nutritional practices have not brought the desired changes. It is time to bring out these lessons from the shelves of history, and reflect on them, as they will provide useful guidance and solutions for the future.

Bhore Committee and the blueprint for a modern health system

In 1943, the Government of British India constituted a Health Survey and Development Committee, under the chairmanship of Sir Joseph. W. Bhore, to survey the existing medical facilities and health conditions and suggest the course of future developments. The recommendations of the „Health Survey and Development Committee Report, popularly known as „Bhore Committee", laid the foundations for an organized health system in the country in 1946. The Bhore Committee established an important concept – that the health of the people is the responsibility of the state. Its main principles were a decentralized health structure with the district as the main unit for planning and coordination and the Primary Health Unit as the nucleus for integrated preventive-promotive curative health services. The Committee suggested the phased development of primary and secondary health units and staffing patterns to reach health care to the masses. This blueprint of a modern health system was deeply inspired by the welfare state movement in the United Kingdom and socialist developments in the USSR. It sought to take the benefits of medicine to all the people, and believed that no one should be „deprived of the benefits of modern medicine for want of money" Workforce Planning Currently there is no clear system of projecting the future supply of human resources vis-à-vis the population"s need and demand. Prior to planning for human resources, a systematic appraisal of human resources needs to be undertaken. Such an appraisal of human resources should include an assessment of the current workforce and future requirements with respect to the needs and demands of the population and the health system. A variety of diagnostic and planning tools such as simulation models and scenario planning for forecasting, projecting and planning human resources

are available and have been used in developing countries (Starkiene, *et al*., 2005)[8, 11]. The WPRO/RTC health workforce planning workbook is one such tool that provides steps for developing an HR plan and includes a simple computer based planning model (Dewdney, 2001) [13 , 16]

Thought must be given to all these matters before training programmes are implemented. Similarly, evidence would also be available, locally as well as from other parts of the world on what human resource policies have been found to be successful, in what conditions and contexts, and what have been the lessons learned, with the larger goal of performance improvement (see Rowe *et al*, 2005) [8, 11].

An effort should be made to review these before formulating new strategies and plans.

Over the years since the time of independence an intense introspection has raged about the relevance of medical education to the health needs of the country. A persistent criticism of medical education in India has been that "inspite of radical declarations no attempts were made to change the mentality that the senior members of the profession and teachers had inherited, nor were attempts made to open medical education to the poorer classes of society" (Banerji, 1977). Recent studies have reported high absentee rates of providers at public health facilities in India and Bangladesh. Unannounced visits to rural facilities in Udaipur district in Rajasthan revealed that 45% of health staff was absent in subcentres and 36% at PHCs and CHCs. Further analysis also showed that these facilities were open infrequently and unpredictably. This means that people coming here would have to guess whether it was worth their while to walk all that distance (Banerjee, 2003) [13, 20].

Few studies conducted have shown that a large percentage of doctors employed in the public sector practise privately. They often use the government hospitals to treat their private patients. (Rama Devi, 1985 as quoted in Baru R., 1998).

Another study in a teaching hospital found that of those who responded, almost all the civil surgeons and more than half of the assistant civil surgeons practised privately, with some of them having clinics and some operating as consultants in private hospitals. (Baru R., 1998).

There have not been many studies that examined the extent of private practice across states and the mechanisms for monitoring of enforcement or regulations in the states that have banned them at some time It is assumed that there are wide differences in pay scales for government doctors, and in the amounts doctors could make in the private sector, often depending on their location of practice.

In rural areas, especially villages, there is a widespread presence of practitioners who do not have a professional qualification in any recognized system of medicine, indigenous or allopathic, but who practice a blend of different systems of medicine. This vast reservoir of practitioners of a popular culture medicine provides a significant proportion of curative health care to rural, low income and less empowered areas of the country and to economically disadvantaged populations in urban areas as well (Rohde and Vishwanathan, 1995; Verma *et al*, 2001) [13, 16].

Several studies over the last few decades provide salient information related to the presence of informal providers, and their practice characteristics. Notable among these is Rhode and Vishwanathan's review of several national level studies including a 16 state study of care seeking for diarrhea in rural India. The authors found that informal private providers

were very similar across the different states of India in their background and practice characteristics and were also the preferred source of care for childhood diarrhoea for more than 80% of rural Indian families.

5. Objectives of the Study

The present research work has been taken up with the following objectives:

1. To assess the Numerical Additions to the Health Workforce

2. To examine the Strategies for Attracting and Retaining Skilled Human Resources in Rural Areas
3. To brings the Major Efforts at Skill Upgrading for the Human Resources in the Rural areas
4. To analyze the Expansion and Improvements of Medical and Nursing Education
5. To analyze the need for Policy Challenges for further work:
6. To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the state.

Hypothesis Formulation

Hypothesis taken of the research work would be:-

- **H01:** That the government is taking interest in the development of rural healthcare sector as well as the economic development of the rural mass.
- **H02:** That the time to time amendments in healthcare policies will help in bridging gap in rural areas.
- **H03:** That the steps taken by the government of India for improvement of workings of human resources are not enough to synchronize with its objectives.
- **H04:** That the manpower resources cannot be optimally utilized.

6. Research Methodology

The purpose of research is to determine the frequency with which something occurs or with which it is associated with something else and to test a hypothesis of a casual relationship between variables. Research is a systematic and objective technique of problems solving to the goods and services. Different authors have defined the term research. According to PHILIP KOTLER, "Research is the systematic problem analysis, model analysis, model building and facts finding for the purpose of improved decision making and control in the marketing of goods and services." Another definition was given by American Marketing Association. According to them, „„The systematic gathering, recording and analyzing of data about problems relating to the marketing of goods and services."

The nature of the present research is exploratory as an effort has been made to explore problems under study further. The population for the study is approx 300 customers of all providers of catholic Hospitals. A random sampling will be used to select customers as sample respondents. The study focuses on

Research Design

Descriptive research is selected for this study. Descriptive research enables to determine the answer to various questions formulated with prior knowledge of the situation or the problems under study.

Sample Design

Universe or Population: - The population for the study is approx 300 people of all the hospitals of catholic Hospitals.

Sampling Technique: - Random sampling will be used for this study. In this study first of all we will select the important health sectors and then their employees and patients as respondents in catholic Hospitals.

Sample Size:-The study focuses on patient‟s expectations and factors they consider most in selecting services offered by healthcare sector in the catholic Hospitals. Data will be collected from approximately 300 respondents on the basis of random sampling.

7. Conclusion

This paper will reveal how human resources management is essential to any health care system and how it can improve health care models

Availability of adequate number of human resources with suitable skill mix and their appropriate deployment at different levels of health care set-up are essential for providing effective health care services for the population. Since independence, concerted efforts have been made to address the need for human resources for health in India. However, shortage exists in all categories of human resources at different levels. Ensuring the availability of human resources for health in rural areas and building their capacity in public health are daunting tasks. Future challenge include planning for human resource for public health at State/national level, framing of State specific human resource development and training policy, creation of human resource management information system, reorientation of medical and Para-medical education and ensuring proper utilization of the trained manpower and standardization of training. It is also important to link human resource development and training policy to the National Rural Health Mission in achieving its goals.

Human resources, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services.

As well as the balance between the human and physical resources, it is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success. Due to their obvious and important differences, it is imperative that human capital is handled and managed very differently from physical capital. The relationship between human resources and health care is very complex, and it merits further examination and study.

It is widely acknowledged that the private sector can provide access to clinical experiences that may no longer be accessible in the public hospital system. Increasing numbers of medical graduates have also necessitates the need to supplement traditional public hospital training places. The private hospitals and community sectors have emerged as excellent training environments to complement the teaching and training that occurs in public hospitals. It is vital that the quality of teaching & training is maintained in expanded settings such as these and that the safety of patients and doctors is guaranteed.

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